

THIS IS A PRELIMINARY RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the num.
In order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>126</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>358</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Globe</u>	No. _____ St. _____ Ward _____		
2. Full name of child <u>Gerold Travis Simpson</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
3. Sex of Child <u>Male</u> To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? <u>yes</u> 7. Date of birth <u>4-9-24</u> Month Day Year			
8. FATHER		14. MOTHER	
Full name <u>Eugene Travis Simpson</u>		Full maiden name <u>Helena Leadora Parker</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>White</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>23</u> (Years)		17. Age at last birthday <u>19</u> (Years)	
12. Birthplace (city or place) <u>San Angelo</u>		18. Birthplace (city or place) <u>Robey</u>	
(State or country) <u>Texas</u>		(State or country) <u>Texas</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Miner</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>1</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2:45 P.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u> (Physician or midwife)	
Address <u>Globe, Arizona</u>			
Given name added from a supplemental report _____		Filed <u>5-11</u> 19 <u>24</u> <u>B. G. Day</u> Local Registrar.	
Month, day, year. _____		Filed <u>5-11</u> 19 <u>24</u> <u>B. G. Day</u> County Registrar.	
Registrar. _____			

725-409-379